

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>MARK "ANTHONY" MARLOWE</b>			
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 2310 LAKE RIDGE PL NE			
(c) City, State and ZIP Code NORTH LIBERTY IA 52317			3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only) ENTREPRENEUR, FOUNDER, AND OWNER SELF			C C90015454

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report ☐ 24-Hour Report
- ☒ October 15 Quarterly Report ☐ 48-Hour Report
- ☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on

## 5. COVERING PERIOD:

FROM

THROUGH

Three digital clock displays are shown, each with a different color (orange, green, blue). The orange display shows 09:30:2015, the green display shows 09:30:2015, and the blue display shows 09:30:2015.

6. TOTAL CONTRIBUTIONS.....

0.00

7. TOTAL INDEPENDENT EXPENDITURES .....

450.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

ANTHONY MARLOWE

**SIGNATURE**

ANTHONY MARLOWE

DATE \_\_\_\_\_

08/11/2015

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

MARK "ANTHONY" MARLOWE

Full Name (Last, First, Middle Initial) of Payee

MARK "ANTHONY" MARLOWE

Date of Public Distribution/Dissemination

MM / DD / YYYY  
08 / 06 / 2015

Mailing Address 2310 Lake Ridge PI NE

Amount

450.00

City State Zip Code  
North Liberty IA 52317

Transaction ID : F57.000001

Purpose of Expenditure  
SOCIAL MEDIA PROMOTION OF CSPAN'S VIDEO OF  
DONALD TRUMP'S TESTIMONY BEFORE U.S. SENATE RE:Category/  
Type 004Office Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
DONALD J TRUMPCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office Sought .00Disbursement For: ☒ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 450.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 450.00  
(carry total from last page forward to Line 7)